

**REQUEST FOR VERIFICATION OF
NOTICE OF INTENT TO CLAIM PATERNITY
(FEE REQUIRED)**

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

Additional Info: 517-335-8666

Person Requesting the Record	
Agency Name (If applicable)	
Mailing Address	
City/State/Zip Code	

Daytime phone to contact person requesting if more information is needed to locate the record:	Area Code & Phone Number: () _____ Ext _____
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APPLICANT'S SIGNATURE: (Sign Here) _____ Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan vital records. This does not guarantee that a record will be found.

VERIFICATION INFORMATION - A request for a verification of a Notice of Intent to Claim Paternity will be returned to you indicating that a Notice of Intent to Claim Paternity has or has not been filed in the State Vital Records office. State law (MCL 333.2891(4)(f)) requires a \$10.00 fee for each search of the facts for verification. A separate application form is required for each request.

NOTICE OF INTENT TO CLAIM PATERNITY REQUESTED
CHILD'S NAME: First _____ Middle _____ Last _____
CHILD'S DATE OF BIRTH: Month _____ Day _____ Year _____
CHILD'S PLACE OF BIRTH: City _____ County _____ Hospital (If Known) _____
MOTHER'S MAIDEN NAME: First _____ Middle _____ Last _____
FATHER'S NAME: First _____ Middle _____ Last _____

METHOD OF PAYMENT - Payment must be made in U.S. funds by check or money order payable to the "State of Michigan" for mail or counter requests. In addition, cash or a credit card can be used for counter requests. No checks if same-day service is requested.	
Each Verification Search (Non-Refundable)	\$ 10.00
* EXPEDITED SEARCH (Non-Refundable) (In addition to the regular search fee)	\$ 10.00
TOTAL ENCLOSED	\$ _____

Please specify how you would like your reply: _____ Mail _____ Fax () _____

FOR MDCH USE ONLY – DO NOT WRITE IN THIS AREA
A SEARCH OF THE STATE OF MICHIGAN VITAL RECORDS SYSTEM INDICATES THE FOLLOWING: <input type="checkbox"/> A Notice of Intent to Claim Paternity has not been filed <input type="checkbox"/> A Notice of Intent to Claim Paternity has been filed. Reviewed by: _____ Date: _____

IF REGULAR SEARCH: VITAL RECORDS REQUESTS PO Box 30721 Lansing MI 48909	IF EXPEDITED SEARCH: VITAL RECORDS RUSH PO Box 30721 Lansing MI 48909
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Additional Info: (517) 335-8666